Washington State Department of Health

The Nursing Commission Newsletter

Volume 6, No. 2 Fall 2000

Contents

Chair's Report

By Frank T. Maziarski, CRNA, MS,

Greetings, Nurse Colleagues: My name is Frank T. Maziarski, I am the new Chair of the Nursing Care Quality Assurance Commission. It is a distinct privilege to be selected by my peers to serve in this position of leadership and responsibility. I follow in the footsteps of a long line of very capable and visionary role models. You can be sure that I will use the example of their skill, to guide me in my role as chair of this commission.

As you know, the mission of the Nursing Care Quality Assurance Commission is to ensure the safety of the public. Responsibilities such as education, licensing, examinations and discipline are all parts of this mission and are attainable because of the commitment, dedication and support of the nursing community in our State. A very important method of accomplishing the Nursing Commission's objectives, is the development of a strategic plan. This plan is used as a guide to direct our efforts to meet the needs of the public and the profession. The Nursing Commission welcomes comments from the community regarding this plan. Please read the report submitted by Cheryl Payseno on pages 2–3 of this newsletter, which explains the commission's strategic plan for 2000–2003.

The Nursing profession has always held as its sacred trust, the delivery of high quality, safe and compassionate patient care. Yet today nurses are being challenged by researchers and the media as to their commitment to quality patient care.

The recent report published by the Institute of Medicine (IOM), "To Err Is Human", has become a benchmark to all

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health care providers. In one study of admissions to U S hospitals during 1997, as many as 98,000 people died from medical errors. In nursing terms that amounts to almost 89 patients every single shift of every day (three 8 hour shifts per day). An article in Industry Standard (April 10, 2000) states that this number is equivalent to a jumbo jet crash every other day. Recent articles published in the Seattle Times and the Chicago Tribune (Sept. 10, 2000) indict Nursing, nurses and the agencies that regulate nurses. These statistics and accusations are very disturbing, especially to a public who expects to receive high quality nursing care.

Nurses have never turned away from a challenge, especially when it concerns patient care. We need to re-direct some of our energy into developing strategies that reduce the number of errors in patient care. The Washington State Legislature recently passed House Bill 2798, which asks the Board of Pharmacy and professional licensing boards to develop methods to reduce medication errors to implement medication safety practices and to submit a report to the legislature by December 31, 2000.

The Department of Health (DOH) in a July 21, 2000 memorandum has asked for the participation of all Commissions in studying private and public approaches to best practices and reducing medical errors. Since nursing is a stakeholder in assuring the quality of care for the citizens of Washington State, I would ask for your help in solving this problem. The nursing commission needs input from the nursing community. It needs ideas from educators, administrators, clinicians and researchers to develop strategies that reduce patient care errors and promote best practice scenarios. Washington State has always been a leader in nursing education and nursing practice. Document your ideas or the ideas of your group and send them to the Nursing Commission. Working together, we can resolve what appears to be a national problem. ¤

The Commission's Strategic Plan 2000–2003

By Cheryl Payseno, RN, MPA, Immediate Past Chair

The Nursing Commission has developed its Strategic Plan which supports the principles and mission of the Nursing Commission—protection of the public by ensuring access to safe and effective nurses and nursing care. In developing the Plan, the Nursing Commission evaluated a number of critical issues important to our profession. Key issues identified in the Strategic Plan are prioritized on their potential impact on nursing.

I. Nursing Shortage—The shortage of nurses is without question the number one issue impacting our profession. The Nursing Commission plans to work with organizations and stakeholder groups to identify contributing factors and to define strategies to address shortages in nursing staff and nursing faculty.

Changing scopes of practice and shifting roles for nurses and assistive personnel are an inevitable result of the nursing shortage. The Nursing Commission will develop mechanisms to monitor shifts in nursing practice and to identify criteria to

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The Commission's Strategic Plan 2000–2003

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differentiate nursing roles.

The Nursing Commission plays a key role in course content in schools of nursing. The Commission will convene nursing organizations and other interested parties to participate in discussions with nursing educators regarding entry-level nursing skills, role clarification and delegation for LPNs and RNs.

The Nursing Commission is responsible for providing evidence of continuing competency of nurses. We will work with other nursing organizations to develop objetive mechanisms to measure continuing competency.

II. Medical Errors and Reporting—The Nursing Commission will develop strategies to reduce nursing practice medical errors. As an initial step, the Nursing Commission will establish data collection systems to identify common causes of errors, including organizational and individual risk factors. Differentiation is essential between system causes of errors and individual nurse accountability based upon objective criteria. Both voluntary and mandatory reporting of nursing errors is required.

The nursing commission will develop strategies to reduce nursing practice medical errors.

III. Licensing of Nurses—Ensuring rapid public access to qualified nurses compels us to evaluate the current method of licensing nurses. Implementing multistate licensure in Washington State through Mutual Recognition is essential to protecting the public. We will work with the public, nursing and employer organizations and members of the state legislature to prepare for legislative action in 2002.

IV. Information Systems and Data Collection—The Nursing Commission requires comprehensive, unduplicated data related to the nursing workforce and to practice outcomes achieved by nurses. We will continue to contribute to and cooperate with the creation of national nursing information systems which enhance decision making.

V. Public Understanding and Perception—The Nursing Commission will continue to educate the public, nurses and others on the statutory duties of the Nursing Commission to protect the public. We have speakers available for groups interested in learning more about the work of the Nursing Commission in improving the care provided by nurses.

We appreciate your reviewing the Nursing Commission's Strategic Plan and encourage you to write or e-mail your comments and suggestions. ¤

First Annual Report

The Nursing Commission has prepared their first annual report summarizing the Nursing Commission's accomplishments for June 1999 through June 2000. A copy of the report is available on the Nursing Web Site at www.doh.wa.gov/nursing/default.htm. Copies can also be mailed upon request to staff. Contact Kris McLaughlin at (360) 236-4713 or e-mail at Kris.Mclaughlin@doh.wa.gov. ¤

Executive Director's Corner

By Paula Meyer, RN, MSN

In the spring issue of the Nursing Commission newsletter, I wrote about legislation that had passed during the 2000 session focusing on medications. At this time, there has been considerable concern raised by the public about medical and medication errors. The Institute of Medicine recently released a study titled ***"To Err is Human"***. This study identified medical errors as being fifth on their list of top 10 causes of death in 1998.[1] The Chicago Tribune also published a series of articles that addressed errors in the practice of nursing. Medication and medication administration are a central component of our nursing practice and these concerns have raised our level of consciousness on our health care delivery system. As nurses, we share a fundamental responsibility in not only addressing these concerns, but also designing and evaluating systems that deliver safe care to patients. The purpose of the nursing commission includes "Rules, policies and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington."[2]

During the 2000 Legislative Session, ESHB 2798 passed and requires that all prescriptions be legible. While that may sound simple, what does this mean? Does it mean all prescriptions must be computer generated, handwritten in block letters, printed or neatly written in script? Does it mean that the legibility must be verified by more than one person? As a result of this legislation, the Department of Health and the Board of Pharmacy were tasked with writing a report to the legislature regarding medication errors and to develop recommendations for health care systems to reduce errors. Many site visits and stakeholder meetings have occurred to develop the recommendations. All of the stakeholder comments are being compiled and will be contained in a report due to the legislature by December 31, 2000. If you are interested in the report, you can access the website dedicated specifically to this at http://www.doh.wa.gov/MedErrors/mederr1.htm. Personnel at many of the sites that were visited stated they had implemented automated systems for medication administration. This was felt to reduce errors. But smaller, more rural hospitals felt that they could not afford these automated systems. These hospitals were also able to share methods they had implemented that demonstrated reduction in errors. Other examples of automated systems included prescription and medication references that are used with hand held computers. In fact, one of the recommendations will address hand written vs. computer generated prescriptions.

Medications and medication administration are fundamentals of nursing practice. Use of the five rights of medication administration was stressed throughout the stakeholders meetings and the site visits. It was found that the five rights are not used universally by all health care providers. During the stakeholder meetings, those of us who are nurses were educating other health care providers regarding the five rights. Another recommendation was to emphasize the education and importance of the five rights during all levels of nursing education: nurse delegation training, LPN and RN basic curriculums, and continuing education. It was felt that nurses might have adequate education in their curriculums regarding the five rights, but that education needs to continue and the five rights

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Executive Director's Corner

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need attention throughout our careers.

One of the most useful aspects of the stakeholder process was the sharing of information. Many of the participants stated needs for an information clearinghouse designated for sharing strategies and systems that have demonstrated error reduction. In order for more sharing to occur, the stakeholders felt that the reporting environment must change. Participants and the Institute of Medicine report agree that a non-punitive culture needs to be created that would allow health care providers to share their learning as a result of medication errors and/or near miss errors. This has been a controversial subject since some people feel that the practitioner should be accountable for all their actions while others feel that, being human, we are going to make mistakes and we should learn from others errors. If we do not have a professional culture of sharing these learning experiences, then others are doomed to repeat them.

Another suggestion was to have the reason for medications written on the prescription. This would be one more factor for Pharmacists to consider in filling the prescription: Is the medication appropriate for the condition listed? There have been numerous instance of Prilosec being interpreted as Prozac. If a condition were included in the prescription, the Pharmacist would be able to match the usual symptoms of the condition with the medication. If it were not a logical match, then the Pharmacist would be prompted to clarify the prescription. The inclusion of the condition on the prescription label has been controversial for confidentiality purposes. If the consumer was sensitive about a condition or disease state, and others had access to the label, the disease state could be identified. Confidentiality, privacy and access to medical information are issues that are of utmost importance to consumers.

Also identified in the Institute of Medicine report and the stakeholder process are that medication administration is actually a system that includes many individuals. At any point in that system, there may be failure that effects the outcome. The report emphasizes the need to analyze our health care systems rather than blame the individual for medication errors. One factor that has been identified is like packaging of medications that may lead to prescription filling errors.

What are the lessons for nurses? We work in systems, we have an integral role in medication administration, and we are sincere about the delivery of the health care that we provide. This is one of many opportunities we have to improve our health care system for all those we serve. Please visit the web-site and share this information with your colleagues.

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[1] Adverse drug events. The magnitude of health risk is uncertain because of limited incidence data. Report to Congressional requestors. Washington, DC: United States General Accounting Office; January 2000.

[2] RCW 18.79.010, 1994 sp.s c 9& 401.

School Health Services

By Paula Meyer, RN, MSN

In 1997, the legislature directed the Department of Health, the Office of the Superintendent of Public Instruction, and the Nursing Care Quality Assurance Commission to address the delivery of health care services in the schools, grades K-12. The School Health Action Team was formed to evaluate the current needs and identify recommend changes. There were three main areas that needed attention: personnel, data, and funding. The Nursing Commission worked with representatives from the Office of the Superintendent of Public Instruction (OSPI) to develop the *Staff Model for the Delivery of School Health Services.*

Shannon Fitzgerald and I worked with Judy Maire from OSPI. There was a series of meetings with many stakeholders to gather the information needed to write the model. Representatives from the Washington Education Association, School Nurses of Washington, Parents organizations and school administrators assisted us in identifying the problems that currently existed with the delivery of services and the personnel that are needed to deliver the services in the schools. We studied the practice act to determine limitations and abilities of personnel in the school system. We reviewed the scope of practice for LPNs and RNs in the schools as well as school secretaries, health room assistants, and auxiliary personnel such as bus drivers, playground monitors, and teacher's assistants. The main objective was to identify the levels of health care needs that exist in the schools and match this with resources.

Four levels of care are clearly identified in the model. These levels of care are:

Level A: Nursing Dependent, requiring 24 hour nursing care for basic life functioning;

Level B: Medically Fragile, the nurse must be in the building and available at all times for care and emergency situations;

Level C: Medically Complex: the student has a complex condition, but is relatively stable, the plan must address emergency conditions, and the RN must be in the building a full day every week;

Level D: Health Concerns: the condition is predictable and currently uncomplicated, but may require monitoring weekly.

There are also every day occurrences that require the time and skills of a nurse, such as eye and hearing exams, playground accidents, and health counseling.

The nurse supervisor in the schools use this model to determine the needs of all of the students. Then, the supervisor is able to predict the number of nursing personnel needed to deliver the services, and what level of personnel is needed to deliver the services according to their practice act. This number is then used with a ratio of nurses to students to predict the needs of everyday occurrences. When added together, this gives the supervisor the number and level of health care staff needed to adequately deliver the services to that school.

The model also addresses the need to train and supervise the auxiliary personnel in the schools when they are with children that have health care needs. It is the responsibility of the professional nurse to assess the children, plan for the care needed, complete the Individualized Education Plans (IEPs) and instruct the auxiliary personnel as needed. This may include teaching a coach or bus driver emergency techniques in case they have a

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School Health Services

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child with them that needs airway management with an acute asthma attack.

The model also addresses that certain schools may have full services, meaning that there is a nurse in the building during all hours. Some schools are not able to provide this level of care. In these cases, if parents and/or guardians identify that their child needs a level of care that is beyond the abilities of the school to provide, but they want their child to attend that school, the school nurse, the parents/guardian, and the school administrators work together to identify a plan that addresses the child's needs and emergency plans. The parents/guardian can then sign a waiver that addresses the identification of the child's needs, the lack of services that are available at the school, but the preference of attending that school. This is felt to be the best accommodation for services as well to meet the Americans with Disabilities Act.

If you want more information on the model itself, you can access the *Staff Model for the Delivery of School Health Services.* This model will assist school nurses, administrators, and parents predict the health care needs of children and provide for those services in a safe and timely manner. This will help in every school so that teachers can teach and students can learn.

A remaining concern that was identified in the stakeholder process is medication administration in schools. Unlicensed school personnel are able to administer oral medications if they have proper training and supervision. The number of medications and the type of medications have arisen sharply over the last decade to the point that school secretaries identified that they are not comfortable with this task. Legislation was introduced during the last several sessions attempting to solve this dilemma. There will be a sunrise review of the School Health Aide role this year. If you have any comments on this role, or need more information, please send a message to Steve Boruchowitz at sboruchowica@doh.wa.gov. ¤

Washington State Nursing Commission Vacancies

By Kris McLaughlin

On June 30th of each year positions become available on the Nursing Commission. In 2001 we will be seeking to fill (1) RN member position as well as (1) LPN member.

All Nursing Commission positions are appointed by the Governor and are four-year terms. You must be a citizen of the U.S. and a resident of Washington State. All applicants must be currently licensed in the appropriate profession, have at least five years experience in the active practice of nursing and have been engaged in that practice within two years of the appointment. More information regarding the requirements for these positions can be found under section 18.79.070 RCW.

More information and the applications can be located on the Nursing Commission's web page at: www.doh.wa.gov/nursing/comisn99.htm

You may also contact the Nursing Commission office at (360) 236-4713 and staff will be happy to answer any questions. ¤

2001 Meeting Dates

By Kris McLaughlin

Listed below are the Nursing Commission business meeting dates for January through July 2001. These dates are also listed on the nursing website at: **www.doh.wa.gov/nursing/meetings.htm**

The Nursing Commission recognized the need to interact with one another and the public. The Commission will be considering their 2001 sites and dates in November, 2000. The commission also considers the most cost-effective means to provide public access to the meetings.

These meetings are open to the public and we urge everyone to attend.

If you or your class would like to attend please call Kris at the Nursing Commission office, (360) 236-4713 to let her know how many will be attending so arrangements can be made to accommodate everyone. The Nursing Commission and staff enjoy the opportunity to meet with the public and hear your comments. You are invited to attend the entire business meeting or just a specific portion of the meeting.

Special meeting notices are mailed approximately 2 weeks prior to the business meetings. If you are not on our e-mail or mailing list, and you would like to receive them, please call the number listed above to request your name be added to receive future mailings or e-mail kris.mclaughlin@doh.wa.gov.

January 26, 2001 ..... DOH Olympia/Kent
March 8, 9, 2001 ..... DOH Olympia
..... (Workshop)
April 20, 2001 ..... Spokane
June 1, 2001 ..... DOH Olympia/Kent
July 12-14, 2001 ..... DOH Olympia
..... (Workshop) ¤

Nurse Delegation Forms

The form titled, **"Nursing Care Task Follow Up Evaluation: Results of Supervision or Rescinding Order"** is no longer required to be reported to the Department of Health (DOH). This form was part of a research study that has been completed. While you may wish to continue using the form for your facility, it is not required to be reported to DOH.

Standardized forms for other nurse delegation tasks can be obtained through Department of Social and Health Services (DSHS) at:

DSHS
Forms & Publications Warehouse
P.O. Box 45816
Olympia, WA 98504-5816

Or FAX to (360) 664-0597

Forms available:

- DSHS 10-217–Checklist for the Delegation of Specific Nursing Tasks
- DSHS 13-678–Delegation of Nursing Care Task (2 pages)
- DSHS 13-678A–Nursing Care Task Continuation
- DSHS 13-678B–Nursing Care Task: Assumption of Delegation
- DSHS 13-680–Nursing Care Task Follow-up Evaluation: Results of Supervision or Rescinding Order
- DSHS 13-681–Nursing Care Task: Physician Medication Change Orders ¤

ARNP Corner

By Shannon Fitzgerald, ARNP

Acute Care Nurse Practitioners will find their specialty listed in WAC 246-840-310 effective November 18, 2000. ARNPs, educators, and many constituents within the health care delivery system provided input over the last several years to assist with the revision of the rules which define ARNP practice in Washington. Graduates of acute care nurse practitioner programs at the master's degree level or higher who have passed the certification exam given by the American Nurses Credentialing Center and who meet the requirements listed in WAC 246-840-305 may now apply for ARNP licensure in Washington state.

A new section in WAC 246-840-300 helps clarify the roles and functions of ARNPs. At the request of practicing ARNPs, hospital credentialing agencies and health care consumers, the rules list several activities common to the practice of many ARNPs. WAC 246-840-300 states that "ARNPs may perform the following functions:

- Examine patients and establish medical diagnosis by client history, physical examination and other assessment criteria
- Admit patients to health care facilities
- Order, collect, perform and interpret laboratory tests
- Initiate requests for radiographic other testing measures
- Identify, develop, implement and evaluate a plan of care and treatment for patients to promote, maintain, and restore health.
- Prescribe medications when granted authority under this chapter
- Refer clients to other health care practitioners or facilities

Educators, health care system credentialing agencies, third party payers, and practicing ARNPs have requested this type of definition of practice for several years. The list of functions is a guide and is not meant to be all-inclusive. Every ARNP licensed in Washington state is held accountable to practice according to the national scope of practice and standards for care of his or her designated specialty. The new WACs also provide suggestions for ARNPs who wish to add functions or skills within their designated specialty scopes of practice, and a listing of approved national certification examinations is provided.

ARNPs currently licensed in Washington can expect to receive a copy of the new WACs along with news of the ongoing rules processes for expanded prescriptive authority in the next month.

Technical Assistance Available If You Suspect Drug Diversion

By Jeanne Giese, RN, MN

The Nursing Commission office staff is available to provide technical assistance if you suspect drug diversion or if you suspect a staff person has a chemical dependency problem. The Nursing Commission office has the following handouts available to you:

- "Guidelines for Handling Suspected Misuse of Drugs/Controlled Substances" 2 pp
- "Some Indications of Possible Misuse of Alcohol/Controlled Substances" 1p ¤

What Is The Practice Sub-committee? What Does This Sub-committee Do?

By Jeanne Vincent, RN, MS

The Practice Sub Committee is a hard working group that recommend policies, technical assistance, advisory opinions and practice related questions. Here are some of the accomplishments for the year:

- A Policy Statement for Registered Nurses Performing Procedural Sedation adopted January, 2000
- Developed a new Advisory Opinion Request Form.
- Twelve new Advisory Opinions were adopted.

Work In Progress:

- Guidelines for Telenursing issues
- Posting Advisory Opinions on Website
- Rules Hearing for the Practice Standard rules
- Nursing Assistant rules Revision
- Amendments to the existing Nurse Delegation Rules

Type of Advisory Opinion		Number of Requests by Year		
		1997	1998	1999
Anesthesia	A	74	115	122
Advanced Practice	B	17	6	2
Amniotomies/cerv ripening	C	11	30	18
Bowel Care	D	5	5	19
Catheterization	E	1	5	1
Counseling	F	7	4	3
Delegation	G	80	15	17
Dispensing and med admin	H	26	40	52
Footcare	I	5	15	25
Miscellaneous	J	30	23	31
NA scope of practice	K	60	10	25
Nursing protocol	L	24	39	24
Receiving orders	M	5	6	7
RNFA	N	79	92	46
Transmitted orders	O	49	57	68
LPN scope of practice	P	114	145	102
Minor surgery	Q	28	25	22
School settings	S	7	7	8
Non-traditional settings	T	6	9	7
Pronouncement of death	AA	4	7	13
Job titles	BB	7	11	3
Patient abandonment	CC	3	4	7
Totals		**630**	**670**	**570** ¤

Nursing Commission Members

Commission Members	Term Expiration Date
Frank Maziarski, RN, CRNA, MS, Chair	6/30/01
Shirley Aikin, RN, MSN, Vice Chair	6/30/02
Roberta Schott, LPN, Vice Chair	6/30/01
Joanna Boatman, RN,	6/30/03
Shannon Fitzgerald, RN, MSN, ARNP	6/30/02
Becky Kerben, LPN	6/30/04
Rev. Ezra Kinlow, Public member	6/30/04
Gail Kirk, Ph.D., Public member	6/30/03
Cheryl Payseno, RN, MPA	6/30/04
Sandra Weeks, RN, ARNP, LM	6/30/02
Marlene Wells, LPN	6/30/02 ¤

What Is The Discipline Sub-committee? What Does This Sub-committee Do?

By Jeanne Giese, RN, MN

RCW 18.79.010 states the purpose of the Nursing Care Quality Assurance Commission is to regulate the competency and quality of professional health care providers under its jurisdiction. This work is done by the Nursing Commission through several subcommittees. The Discipline Subcommittee consists of five Nursing Commission members and two staff members. The subcommittee conducts policy review and policy development in the discipline arena. Various discipline issues are researched by the subcommittee, which may result in the development of a draft policy statement or draft position statement or a draft pilot proposal. At that point, the draft work is presented to the full Nursing Commission as a proposal for acceptance at an open public business meeting. The Nursing Commission may adopt the proposal from the subcommittee or send the draft proposal back to the subcommittee for additional research and work. The membership of the subcommittee is reviewed and new members are named at the July Nursing Commission meeting. During the year 1999-2000, the discipline subcommittee accomplished the following work.

Rule development relating to discipline is a major activity of the subcommittee.

Discipline Rule Writing:

Rule development relating to discipline is a major activity of the subcommittee. Some of the activities involved in rule development include identification of a nursing practice or conduct problem, gathering information from stakeholders, revising and refining rule language based on input from stakeholders, working with established rule making procedures and conducting fiscal analyses for proposed rules. Some examples of rules proposed to the Nursing Commission by the subcommittee include the following. WAC 246-840-730, the revised mandatory reporting rule, became effective in January 2000. WAC 246-840-740, sexual misconduct prohibited, went into effect in February 1999. The Discipline Subcommittee spent many months exploring the issue of nurses practicing under the influence of alcohol and reporting to work under the influence of alcohol. The possibility of writing a rule on this matter was considered. The discipline subcommittee proposal to the full Nursing Commission was to not pursue rule writing on this issue for several reasons. The Nursing Commission agreed with the subcommittee's proposal at a recent public meeting.

Discipline Decision-making By Panels

A four-month pilot project was designed and initiated to use Nursing Commission member panels for the review of investigative files and to determine initial discipline decisions. The data from this pilot project demonstrated the use of panels to be a more effective method of making initial discipline decisions than the previous way of doing business. The subcommittee presented this data to the Nursing Commission and the use of panel decision making was adopted.

Methadone/Nursing Practice

An ongoing project of the Discipline Subcommittee is the development of a policy statement on the subject of "Opiate Substitution/Methadone and Nursing Practice". The Discipline Subcommittee is researching the issue of whether nurses may practice in Washington if they are taking physician prescribed methadone. The subcommittee is working with the

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What Is The Discipline Subcommittee? What Does This Subcommittee Do?

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Washington Health Professional Services Program (WHPS) staff on this project. Watch future issues of this newsletter for updates.

Criminal Background Checks Prior To Licensing

Monitoring agency efforts to bring legislative proposals forward for criminal background checks prior to licensing is an ongoing activity for the subcommittee.

Policy Development

Discipline policy review and development is an ongoing activity. The discipline subcommittee monitors both agency and division discipline policy development and keeps the Nursing Commission informed of changes in this area.

Community Based Care Settings/ Nursing Practice

Nursing practice in adult family homes/boarding homes is an area that the Nursing Commission is currently reviewing due to the receipt of complaints of practitioners in these settings. The Discipline Subcommittee has formed a task force consisting of Nursing Commission members, a prosecutor from the Attorney General's office, Residential Care Services representative from the Department of Social and Health Services (DSHS) and the program director of Home and Community Services of DSHS as well as Department of Health (DOH) staff. The purpose of the task force is to identify issues, discuss overlapping areas of jurisdiction, discuss creative strategies for problem resolution and make recommendations to the discipline subcommittee.

Quality Improvement Project

The Discipline Subcommittee members participate in various quality improvement teams with staff in order to pursue continuous opportunities to improve the way the Nursing Commission and staff conduct business and to ensure effective use of limited resources. Established procedures and policies are questioned and challenged to determine if they continue to add value to the way business is conducted. The data gathered in these Quality Improvement projects provide a basis for making process changes and improving the quality of the important work done by the Nursing Commission in the disciplinary process. ¤

Speaking Engagements

The Nursing Commission and staff frequently provide technical assistance to individuals and organizations. Frequent topics requested include:

- Nursing Commission 101—Role of the Nursing Commission in health care delivery system
- Disciplinary complaints—how to avoid
- Legal issues
- Professional practice issues
- Education and ARNP issues

From July 1, 1999 through June 30, 2000 the Nursing Commission provided 36 separate technical assistance visits and presented information to more than 1,464 individuals. ¤

Rules Update

By Terry J. West

Following is a listing of rules that are in the process of being developed, ready for public rules hearing or rules writing process. At the end of the article is information on how you can receive a copy of any of these rules or be added to the interested persons mailing list to receive all future rules mailings.

Advanced Registered Nurse Practitioners:

A rules hearing was held September 8, 2000 to amend the ARNP rules. This included adding one rule and amending 13 and repealing three. These rules were filed October 18, 2000 and will go into effect November 18, 2000. Some of the changes included adding a new specialty area called Acute Care Practitioner, outlining the minimum course requirements for each specialty, listing the national organizations and their scopes of practice, and procedures for approval of new specialties. For a copy of the text see the nursing web site listed at the end of this article.

New Legislation - Senate Bill 5805 ARNP Prescriptive Authority

This bill expands prescriptive authority for Advanced Practice Registered Nurse Practitioners (ARNP). Currently, ARNPs have independent practice with prescriptive authority for Schedule V and legend drugs. This bill expands that authority to include Schedule II-IV drugs. The bill further directs the Nursing Commission to adopt joint rules achieved by consensus with the Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery to address an arrangement for joint practice with appropriate collaboration. These arrangements do not apply to certified registered nurse anesthetists.

This bill goes into effect July 1, 2000 and the rules are anticipated to be completed by early 2001. **The expanded scope cannot be utilized until the rules are in place.** Several rules writing sessions have been held and a first draft of the rules is available on the web site. A second draft will be mailed to all interested persons and all licensed ARNPs.

Alcohol in the Workplace:

This proposed rule withdrawn September 6, 2000. No further rule development is planned on this topic.

Changing Renewal Cycle:

The rules notice was withdrawn April, 2000. No further rule development is planned on this topic.

Definitions:

Three rules were identified during a rules review process as needing amendment:

WAC 246-840-010 Definitions;

WAC 246-840-760 Terms used in WAC 246-840-750 through 246-840-780 and WAC 246-840-920 Definitions.

A rules writing workshop was held May 21, 1999. A rules hearing date will be set for early 2001.

Education Rules:

A rules writing workshop was held April 27, 2000 to discuss WAC 246-840-500 through WAC 246-840-575. Staff are working on filing a CR 102 with a public rules hearing in early 2001.

Nurse Delegation:

Legislation passed in 2000 requires rule writing to amend WAC 246-840-910, 920, 930, 940, 950, 960, 970 and 980. Several rules writing workshops have been held. A first and second draft have been mailed to interested parties and are

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Rules Update

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available on the nursing web site. A rules hearing is planned for early 2001.

Nursing Technicians:

Rules writing workshops were held October 1, 1999, October 8, 1999 and August 2, 2000 in Eastern and Western Washington. The Nursing Care Quality Assurance Commission has appointed a task force led by Joanna Boatman, RN to meet with interested persons at least twice in late 2000.

Practice Standards:

Four rules were identified during the rules review process as needing amendment:

WAC 246-840-700 Standards of nursing conduct or practice;

WAC 246-840-705 Functions of a licensed practical nurse;

WAC 246-840-710 Violations of standards of nursing conduct or practice; and;

WAC 246-840-715 Standards/ competencies.

A rules hearing is scheduled for November 17, 2000 at the Department of Health Conference Center, 1101 SE Eastside Street, Olympia. For a copy of the entire text see the nursing web site listed at the end of this article.

Pronouncement of Death:

Legislation adopted in 2000 required amendment of WAC 246-840-830. A rules hearing was held July 31, 2000. The rules were filed August 23, 2000 and became effective September 23, 2000. The new amendments allow all ARNPs to certify death.

How to comment on any rule proposed to be amended or repealed

Mail: Department of Health
Nursing Programs/Rules
P.O. Box 47864
Olympia, WA 98504

FAX: (360) 236-4738

E-mail: terry.west@doh.wa.gov

Access any draft rule on Nursing Web site:

www.doh.wa.gov/nursing/default/rules.htm

How to be added to the Interested Parties Mailing List:

Call: (360) 236-4713

E-mail: Kris.McLaughlin@doh.wa.gov ¤

Medication Re-Packaging And Dispensing: Caution!!!

By Jeanne Giese, RN, MN

Are you aware that re-packaging and dispensing medications is within the scope of practice for licensed pharmacists? Do you know that this activity is not within the scope of practice for registered nurses or licensed practical nurses? Advanced Registered Nurse Practitioners may dispense drugs that they are licensed to prescribe. Please be aware that medication dispensing is a pharmacist activity and is different than medication administration. Technical assistance is available from the Board of Pharmacy office and the Nursing Commission office on this topic. The Board of Pharmacy may be contacted at (360) 236-4825 or access their web site at www.doh.wa.gov/pharmacy/default.htm ¤

Washington Health Professional Services

Jean Sullivan, RN

Each year, within Washington's health care community, numerous chemically dependent professionals go undetected and untreated. The implications of this include public safety concerns, loss of valuable, talented, well-trained professionals, and the significant cost of investigations, disciplinary hearings, compliance monitoring and Department of Health staff time.

The Washington Health Professional Services (WHPS) offers a voluntary alternative to license discipline to chemically dependent professionals. Because chemical dependence is treatable, early and appropriate entry into effective treatment can save the nurse's practice, license and even life.

The Program offers several services, including confidential consultation with the nurse or other concerned referring individual, consultation regarding intervention, referrals for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, structure, outreach and education of the health care community.

This confidential program is designed to provide the professional the greatest chance with recovery, through monitoring, structure and support.

When a nurse contacts the Program, they are first referred for an111 evaluation to determine their treatment needs. Based on that evaluation, they are connected with treatment programs that meet those needs and are within the economic means of the individual.

The recovering practitioner then enters into a contract with the program. This agreement outlines their participation in the program and is crafted to meet the needs of the individual. However, most contracts require successful completion of treatment, attendance at self-help groups such as Alcoholics Anonymous and participation in a professional peer support group. Depending on the needs of the individual, the contract may call for individual or group psychotherapy. The Program also has a random drug screen-testing program as an added assurance to the participant and the health consumer.

It is the philosophy of WHPS that chemically impaired nurses can be facilitated into a recovery process that will ensure the public safety in the most cost effective manner and at the same time treat the professional and maintain the goal of practice in their chosen discipline.

It is the ultimate responsibility of the program to provide an accountable, cost effective process for identification, assessment and monitoring of the state's health care professionals in a manner that ensures maximal protection of public safety.

The second goal is to offer a system that will attract the professional on a self-referral basis, assuring a higher likelihood of early entry into recovery prior to higher risk stages of the disease.

Many practitioners have the mistaken belief that they will jeopardize their career if they come forward. This is not the case. This confidential program is designed to provide the professional the greatest chance with recovery, through monitoring, structure and support.

For more information, please call WHPS at (360) 493-9220. ¤

Statistics

The staff of the Nursing Care Quality Assurance Commission is very busy processing complaints, processing applications and renewing licenses for nurses. Following are some statistics representing the volume of complaints received each year and the disciplinary action associated with those complaints.

The statistics on the number of licensees and the age of the workforce are also interesting. They indicate that the majority of the workforce is over 40 years of age and is more experienced.

The last table indicates the top five counties in terms of the volume of licensees who reside there.

Complaint Statistics

Category	6/2000	1999	1998	1997
Complaints Received	490	863	827	629
Complaints closed in Case Management	303	481	497	311
Cases sent to investigations	203	418	364	340
Informal Orders served (STIDS) Stipulation to Informal Disposition	30	78	66	66
Final Orders served	63	86	128	144
Default Orders served	41	26	N/A	N/A

Licensee Statistics

Category	Registered Nurses	Licensed Practical Nurses	Advanced Registered Nurse Practitioners
Number of active licensees	60,905	13,798	3,038
Number of inactive licensees	738	386	0
Number of active licensees 40 years old or over	43,485 (71%)	9,218 (67%)	2,482 (82%)
Number of active licensees less than 40 years	17,420 (29%)	4,580 (33%)	556 (18%)

Highest Number Of Active Licensees In 5 Counties

County	Registered Nurses	Practical Nurses	ARNPs
King	17,004	2,552	965
Pierce	5,289	2,637	227
Spokane	4,921	1,161	249
Snohomish	4,714	870	166
Clark	2,375	375	95

LPN Corner

National LPN/LVN Forum

By Roberta Schott, LPN

Attending the National LPN Forum on August 7th was an enlightening and humbling experience. Enlightening, because of the information provided by the speakers, and humbling because there are people out there who are true champions for the LPN/LVN and not just the rank and file nurse who puts in time day in and day out. It makes you want to stop and think what more you can do for your profession.

This forum was attended by no less than 127 persons, in a setting where they had expected at the most 85. The main speakers for the forum were very informative, sometimes riveting, and always very respectful and aware of the important role of the LPN/LVN.

Some of the main issues were the nursing shortage and how this would affect LPNs, the aging of the work force for the profession in general, the decrease in the number of PN programs, and the difficulty in hiring qualified nursing instructors.

Joanna Scalabrinni, MSN, RNC, Chair of NYSBN, and Curriculum Chairperson for Westchester Community College PN program shared information and statistics on PN programs relevant to New York State. In New York State from 1997-1999 there was a steady decrease and closing of 62 PN programs. There is also concern for the decreased passing rates for the NCLEX exam. Some of these are thought to reflect programs where there are large numbers of English as a second language students. Another side is the large numbers of students who drop the program due to family situations, funding, or failure to maintain minimum grade levels. Joanna shared an article from the local paper with an ad for an LPN with a salary of 28-34k and a $3,000 signing bonus. Employers are getting very imaginative in what a new recruit is offered for incentive. Some are offering paid yard work, laundry services, housecleaning services, etc.

The speaker also shared concern over the lack of ethics on the part of students in the program. She spoke of how on the morning of the ethics test she had eight students come to her with information that a student was planning on cheating. Also, in classroom testing situations they no longer allow students to have pagers. People use alpha pagers to give answers to the student with the pager. This concept is way beyond the imagination of this writer since I have never even tried to cheat on a test the old fashioned way.

Beverly Baker, Louisiana, reported on the 48 PN programs in their state. They have seen a steady decline in the NCLEX passing rate from 90-95% down to 89%. Their curriculums have a minimum requirement of 1,800 hours set by the Department of Education. The State Nursing Board has a minimum of 1,500 hours. To make the LPN more competitive in the workplace they include an IV therapy course for a total of 45 hours, graduating with an IV certification. They have a 30-hour component for patient assessment and care plans. There is a decrease in enrollment which is possibly attributed to the length of the PN program compared to the ADN program.

Sharon Frederick's, RN, HomeHealth, discussed the changes in her area where very soon there will no longer be a place for the LPN in the home health setting due to the Balanced Budget Act. This act was responsible for a 62% budget cut in home health. To receive reimbursement for services an RN must do a full patient assessment.

(Continued on Page 18)

National LPN/LVN Forum

(Continued from Page 17)

The bright spot of the day was speaker Rumay Alexander, Ed.D., Sr. VP of Clinical Services and Professional Practices in Tennessee. She was first a nurse and therefore knows patient care, while working with CEOs who know very little about patient care. She related that what is good for nurses and nursing are sometimes two different things. It is still a female dominated profession, and there are many employers who view the LPN as working under the "sunset to sunrise theory".

She felt that the main problem for hospitals, clinics, and other medical facilities is they are not being reimbursed for the care given.

It was a great time for conversation and interaction with LPNs from all over the U.S. ¤

Telephone List

Recording—choose appropriate section 360 236-4740

Automated Verification Service 360 664-4111

FAX 360 236-4738

Please Note All area codes are 360 unless designated otherwise

Administration

Paula Meyer, Executive Director ... 236-4713
Kris McLaughlin, Secretary 236-4713
Terry West, Health Administrator .. 236-4712

Licensing

Valerie Zandell, Program Mgr. 236-4740
Licensing System
- Applications (RN & LPN)..... 236-4740
- Examination 236-4740
- Renewals 236-4740
- Endorsement 236-4740
- Nursing Assistant 236-4740

Education

Dr. Maura Egan, Education Mgr. ... 236-4709

Legal

Karl Hoehn, Staff Attorney 236-4717
..... (206) 389-3035
Trent Kelly, Staff Attorney 236-4710
..... (206) 389-2984
Megan Pottorf, Staff Attorney 236-4722
Janet Staiger, Staff Attorney 236-4743
Debi Young, Legal Assistant 236-4719
Jessica Hutchinson, Legal Asst. 236-4720

Discipline, RN & LPN

Jeanne Giese, Manager 236-4728
Gail Banning, Complaint Inquiries 236-4726

Practice, RN & LPN

Jeanne Vincent, Manager 236-4725
Markay Newton, Advisory Opinions 236-4724

Nursing Assistants, Practice & Discipline

Kendra Pitzler, Program Manager 236-4723
Irene Oplinger 236-4740
Sheila Guajardo 236-4740

Nursing Pools

Kathy Stark, Office Asst. Senior ... 236-4706

Surgical Technologists

Shamim Noormuhammad, Office Assistant Senior 236-4721

staff nurses

charge nurses

clinical nurse specialists

clinical nurse managers

preceptors

The NCLEX® Examination Depends on You!

The National Council needs staff nurses, charge nurses, clinical nurse specialists, clinical nurse managers and preceptors to serve on an NCLEX® examination item development panel.

Item writers write items (questions) that are used for the NCLEX® examination, with the assistance of the National Council's test service. Item reviewers check items for currency, job relatedness and appropriateness for the entry-level nurse.

To access the item development panel application on-line:

1. Go to the National Council's Web site at http://www.ncsbn.org
2. Choose "NCLEX® Examination" from the scroll down menu on the National Council's home page
3. Click the Section Contents link labeled "Developing the NCLEX® Examination"
4. Click the link labeled "Item Development Application"

If you do not have access to the Web, please call the National Council's Item Development Hotline at 312/787-6555, Ext. 496, and leave a message with your name, address and phone number.

NCLEX® EXAMINATION

The NCLEX Examinations For New PN And RN Graduates

By Maura Egan, Ph.D., RN

The National Council Licensing Examination (NCLEX-RN and NCLEX-PN) fee is scheduled to increase to $200 in one year, on October 1, 2001. Because of the ongoing need to update test questions and the need to involve nurses in practice for writing and reviewing the test items, development of the NCLEX test pools is a costly endeavor. Even so, we remain at the low end for the cost of licensing examinations with only engineers and counselors paying lower test fees.

Along with the new fees will come new test sites in 2002. We will keep test locations near the largest metropolitan areas: Seattle, Tacoma, Spokane. We are working with the national testing company and have proposed a site at Wenatchee. Students in the southwestern part of the state may continue to use the site in Portland, Oregon. There will be a new test service contracting with the National Council of State Boards of Nursing (NCSBN) in 2002. The Chauncey Group (and Sylvan Prometric) will be replaced by National Computer Systems, Inc. (NCS). The new testing company, NCS, has promised to situate the testing centers in "Class B" office space which should be an improvement for accessibility and decrease in noise level.

I will be attending a one day conference the end of October sponsored by the National Council of State Boards of Nursing to learn more about NCLEX: application process, our state computer reporting system (MBOS), security measures, ADA issues, resolution of candidate problems, diagnostic profiles, Program reports, and the test plans. I will prepare a report for the Council of State Nurse Educators in Washington State (Deans and Directors of the Nursing Education programs throughout the state) for their Spring 2001 meeting. ¤

Nursing Education In Washington State

Are our Nursing Programs strategically placed and ready to respond to the needs of preparing nurses for this decade and beyond?

There are 37 nursing schools in the state with a total of 68 programs to prepare both licensed practical nurses (LPNs) and registered nurses (RNs). Additional programs prepare nurses beyond initial licensure for the baccalaureate degree. Six campuses offer the RN to BSN and Master's degrees (MSN, MN, MS, etc.). Many of those Master's degrees prepare nurses for licensure as ARNPs.

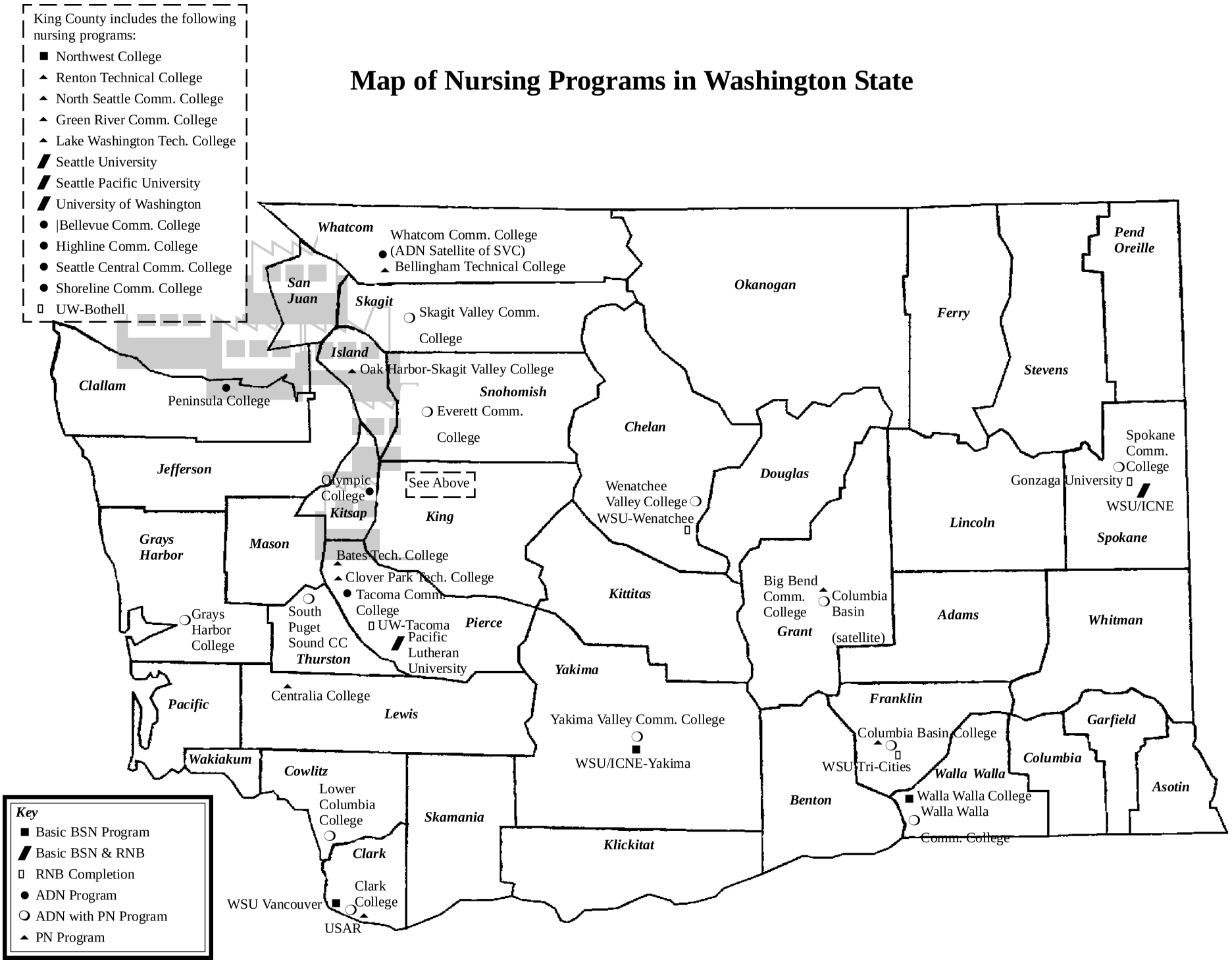
There are 22 LPN programs across the state, including two programs offered by the United States Army Reserve and a new program at Olympic College. There are 18 Associate degree programs and seven Bachelor's degree (basic) programs—16 of them in Western Washington, including a new BSN program which admitted students this Fall at Northwest College in Kirkland. Sixteen of the LPN programs are in community colleges in Western Washington. Although individual schools have articulation programs in place, so that students can progress from PN to RN in a somewhat "seamless" manner, after more than 10 years, the state is still without an articulation plan that serves students across the state.

The map indicates where the identified schools, colleges and universities are located. Several colleges and universities have satellite and branch campuses (e.g., Skagit Valley College has a satellite campus in Oak Harbor; WSU/ICNE has a branch campus in the Tri-cities). Moving beyond the limitations of a building and faculty, nursing schools are taking their basic nursing education programs to students via the internet, interactive video teleconferencing, andusing the latest combinations of technology to offer placebound leaarners opportunities for a beginning or advanced nursing degree. ¤

Washington Licensing Exam Results 1999-2000

		Tested		Passed		Percentages	
		1/1/00 thru 7/1/00	7/1/99 thru 12/31/99	1/1/00 thru 7/1/00	7/1/99 thru 12/31/99	1/1/00 thru 7/1/00	7/1/99 thru 12/31/99
RN	First Time Candidates						
	Washington Grads	407	615	364	537	89	87.6
	Out of State Grads	42	41	40	36	95	88
	Foreign Grads	20	27	15	26	75	96
	Repeating Candidates						
	Washington Grads	92	114	43	72	46	63
	Out of State Grads	11	2	7	1	63	50
	Foreign Grads	3	6	1	1	33	16.7
PN	First Time Candidates						
	Washington Grads	227	405	199	382	88	94.3
	Out of State Grads	12	26	11	25	92	97
	Foreign Grads	12	12	7	6	58	50
	Repeating Candidates						
	Washington Grads	27	28	14	17	52	60.7
	Out of State Grads	1	2	1	1	100	50
	Foreign Grads	4	4	4	1	100	25 ¤

Map of Nursing Programs in Washington State



To ensure receipt of your annual renewal notice and other timely information, please keep the Nursing Commission informed of any change in your name or address.

Name and/or Address Change Form

(Please type or print in ink)

***A change in name must be accompanied by a photocopy of the marriage certificate, the divorce decree, or the court-ordered name change (whichever is applicable).**

License # _____ Social Security # _____

- ❑ RN
- ❑ LPN
- ❑ NAC
- ❑ NAR

Old Information:

Name _____

Address _____

_____

Changes:

Name* _____

Address _____

_____

Effective Date _____ Signature _____

A licensee's address is open to public disclosure under circumstances defined in law, RCW 42.17. The address the Commission has on file for you is used for all mailings, renewal notification and public disclosure.

Send completed form to the commission office by sending to:

Nursing Commission
P.O. Box 47864
Olympia, WA 98504-7864

Address changes can be sent by email: adena.nolet@doh.wa.gov
Include all of the above information in your message. ¤

Renewals

The majority of our hundreds of telephone calls per day are regarding the renewal process. Your assistance is appreciated in following these simple steps.

Before you send your license renewal, complete these important steps:

1. Write your name and address on a blank piece of paper with your social security number and license number. Place inside your mailing envelope along with your check or money order made payable to **Department of Health**: (If envelope post-mark is dated after your birthday, your renewal is considered late. There are no exceptions.)

Nursing Assistant:	$25.00	With late fee:	$ 50.00
RN/LPN/ARNP:	$50.00	With late fee:	$100.00

2. Correct address on envelope should read**:**

   Nursing Commission
   PO Box 1099
   Olympia, WA 98507.

3. Send your renewal at least three weeks before your birthday. The turn around time is approximately three weeks (This includes mailing time).

   The Department of Health will send a courtesy reminder of your renewal. If you are not receiving your reminder, please contact us to review your mailing information.

Before you contact the Renewal Unit about the status of your renewal:

1. Wait 10 working days from the time you sent your check or money order to contact us about a missing license.
2. Contact the bank or place of business you purchased the check/money order from to find date cleared. Have this date ready to relay to renewal desk.
3. Know the correct telephone extension and email address.

Automated Verification Line:	(360) 664-4111
License Renewal:	(360) 236-4703 adena.nolet@doh.wa.gov
ARNP Renewal:	(360) 236-4708 valerie.zandell@doh.wa.gov ¤

Nursing Assistant Complaint Statistics

Complaints received July 1999 thorugh July 2000

Complaints Received	1,601
Complaints sent to Investigations	308
To Informal Disposition	1,447
Final Orders Served	104

Nursing Assistant—Certified or Registered

NAR	18,813
NAC	28,156 ¤

Web Pages

Following are some WEB pages you may find useful for nursing information.

- www.doh.wa.gov/hsqa/hpqad/nursing/default.htm—Nursing Care Quality Assurance Commission
- www.doh.wa.gov/about/about.htm#HSQA—Department of Health
- www.ncsbn.org—National Council of State Boards of Nursing
- www.wsna.org—Washington State Nursing Assocation
- www.nursingworld.org—American Nurses Association
- www.sls.leg.wa.gov/default.htm—Code Reviser Office—Access any statute or rule
- www.egroups.com/list/world-research-nurses—Nursing related searches
- www.nurseadvocate.org—Nursing e-mail discussion list ¤

E-Mail Addresses

Use first name.last name@doh.wa.gov.
For example:
kris.mclaughlin@doh.wa.gov
or
jeanne.giese@doh.wa.gov ¤